

Medical Coverage Policy | Sympathetic Therapy for Pain Treatment



EFFECTIVE DATE: 10|01|2001
POLICY LAST UPDATED: 06|17|2014

OVERVIEW

Sympathetic therapy describes a type of electrical stimulation of the peripheral nerves that is designed to stimulate the sympathetic nervous system in an effort to "normalize" the autonomic nervous system and alleviate chronic pain.

PRIOR AUTHORIZATION

Not applicable.

POLICY STATEMENT

BlueCHiP for Medicare and Commercial

Sympathetic therapy for the treatment of pain is considered **not medically necessary** as there is no peer-reviewed scientific literature to demonstrate that the procedure is effective.

MEDICAL CRITERIA

Not applicable.

BACKGROUND

Sympathetic therapy uses 4 intersecting channels of various frequencies with bilateral electrode placement on the feet, legs, arms, and hands. Based on the location of the patient's pain and treatment protocols supplied by the manufacturer, electrodes are placed in various locations on the lower legs and feet or the hands and arms. Electrical current is then induced with beat frequencies between 0 and 1000 Hz. may include daily 1-hour treatments in the physician's office, followed by home treatments, if the initial treatment is effective.

Unlike TENS (transcutaneous electrical nerve stimulation) or interferential electrical stimulation, sympathetic therapy is not designed to treat local pain, but is designed to induce a systemic effect on sympathetically induced pain.

Currently, there are no studies published in the peer-reviewed literature regarding sympathetic therapy, therefore there is no evidence to support its efficacy.

COVERAGE

Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage or Subscriber Agreement for limitations of benefits/coverage when services are not medically necessary.

CODING

BlueCHiP for Medicare and Commercial

There is no specific CPT or HCPCS code for sympathetic therapy for the treatment of pain, therefore providers should report this service with an unlisted procedure code.

If the following CPT codes are used to report sympathetic therapy, they will be considered **not medically necessary**:

97014, 97032

RELATED POLICIES

Not applicable.

PUBLISHED

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| Provider Update | Aug 2014 |
| Provider Update | Aug 2013 |
| Provider Update | Mar 2012 |
| Provider Update | Nov 2010 |
| Provider Update | Sep 2009 |
| Provider Update | Oct 2008 |
| Provider Update | Dec 2007 |

REFERENCES

1. www.chronicpainrx.com .
2. Guido EH. Effects of sympathetic therapy on chronic pain in peripheral neuropathy subjects. *Am J Pain Manage* 2002; 12 (1):31-4.
3. Work Loss Data Institute. *Pain* 2006; National Guideline Clearinghouse, www.guideline.gov .

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